

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **107070611**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.			
1	1						51		1					
2		1					52		1					
3	1						53		1					
4							54	1						
5		2					55							
6		6					56							
7		6					57							
8		6					58							
9		6					59							
10		6					60							
11		6					61							
12		6					62							
13		6					63							
14		6					64							
15	1						65							
16		0					66							
17		0					67							
18		0					68							
19		0					69							
20		0					70							
21		0					71							
22		0					72							
23		0					73							
24	1						74							
25		0					75							
26		0					76							
27		0					77							
28			1				78							
29				1			79							
30			1				80							
31				1			81							
32				1			82							
33				1			83							
34				1			84							
35				1			85							
36				1			86							
37				1			87							
38				1			88							
39				1			89							
40				1			90							
41				1			91							
42			1				92							
43				1			93							
44				1			94							
45				1			95							
46				1			96							
47			1				97							
48				1			98							
49				1			99							
50				1			100							
TOTAL IND.	↓		↓		↓		TOTAL IND.	5	↓		↓			
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	22	↓		↓			
TOTAL CLAIMS							TOTAL CLAIMS	27						